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	29E021	A. BUILDING _____ B. WING _____	12/18/2008

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F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of the annual Medicare re-certification survey conducted at your facility on December 17 and December 18, 2008. The census at the time of the survey was 18. The sample size was 8, including 1 closed record. There were no reported complaints investigated. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following findings were identified:	F 000		
F 252 SS=D	483.15(h)(1) ENVIRONMENT The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide clean and comfortable mattresses and failed to maintain acceptable water temperatures. Findings include: Observation December 17, 2008, water temperatures were	F 252		1/12/09

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 252	Continued From page 1 tested in a sample of resident rooms and the results were as follows: 1. The common bathroom for Resident Rooms #4 and #6, had recorded hot water temperatures of 68.4 degrees. 2. The bathroom for Resident Room #5, had recorded hot water temperature of 115 degrees. 3. The common bathroom for Resident Rooms #8 and #10, had recorded hot water temperatures of 114 degrees. On December 18, 2008, two resident mattresses (beds 5A and 5B) were observed to have several cuts or tears in several areas. Additionally, observations revealed when a small amount of pressure was applied by hand to each mattress, this revealed no real support, allowing the hand to push the top of the mattresses to the bottom half of each mattress. Interview On 12/18/08, the Administrator acknowledged both mattresses were not acceptable and both were to be replaced. She indicated there might be extra mattresses on-site at the facility. During the afternoon hours on 12/18/08, The administrator indicated that she made adjustments to the water temperatures on many occasions. She acknowledged the recorded temperatures for 12/18/08.	F 252		
F 329 SS=E	483.25(l) UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or	F 329		1/20/09

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F 329	Continued From page 2 without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure informed consents were obtained for 4 of 8 residents (#3, #5, #6, #7) upon initial orders and current administration of psychotropics. Findings include: Record Review Resident #3 Resident #3 was a 64 year-old female resident admitted to the facility on 12/22/06, with diagnoses including Dementia, Depression,	F 329		

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Psychotic Disorder Not Otherwise Specified, Carcinoma of the Oropharynx and Lymphadenopathy.

Physician orders for the month of 12/2008 revealed an order for Risperdal 1 mg (milligram) three times daily for Psychotic Disorder. The 12/2008 physician order sheet indicated the initial order for the Risperdal 1 mg was on 4/4/08.

Historically, Resident #3 had been on Risperdal for the treatment of physical aggression, verbal aggression and outbursts. As far back as 1/12/07, this was documented in a Resident Care Plan as problem #4. At that time, the resident was prescribed Risperdal 2 mg by mouth at bedtime.

There was no documented evidence of an informed consent for the 2 mg dose, or evidence of renewal maintained in the resident record and/or available for review.

Resident #5

Resident #5 was a 58 year-old female resident admitted to the facility on 9/12/07, with diagnoses including Dementia with Psychotic features, Hypertension, Status Post Craniotomy, Status Post Subdural Hemorrhage, Alteration of Consciousness, History of Urinary Tract Infection and History of Humoral Fracture.

Record Review

Physician orders for the month of 12/2008 revealed an order for Risperdal 0.5 mg (milligram) three times daily for Psychosis. The 12/2008 physician order sheet indicated the initial order for the Risperdal 0.5 mg was on 2/1/08.

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F 329	Continued From page 4 Historically, Resident #5 had been on Risperdal or Seroquel for altered mental status and psychotic behavior. As far back as 9/12/07, this was documented in a Resident Care Plan as problem #8. There was no documented evidence of an informed consent for the the use of these psychotropic medications, or evidence of a renewal maintained in the resident record and/or available for review. Resident #7 Resident #7 was a 73 year-old male resident initially admitted to the facility on 1/15/99 and readmitted on 4/11/07, with diagnoses including Chronic Obstructive Pulmonary Disease, Seizure Disorder, Emphysema, Obsessive Compulsive Disorder, Hypothyroidism, Hyperlipidemia, Mild Anemia, Dementia Not Otherwise Specified, Schizo-Affective Disorder, Psychosis Not Otherwise Specified, Major Depression Disorder and History of Alcohol Abuse. Record Review Physician orders for the month of 12/2008 revealed orders for Zyprexa 5 mg 1 tablet 3 times daily for behavior, dated 1/31/08. The order was changed to Seroquel 100 mg 1 tablet 3 times a day for increased behavior on 5/9/08. Historically, Resident #7 had been on Zyprexa and Seroquel, for psychotic behavior. As far back as 7/25/01, the use of these medications were documented in a Resident Care Plan as problem #1.	F 329		

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F 329	Continued From page 5	F 329		

There was no documented evidence of an informed consent for the the use of these psychotropic medications, or evidence of renewal maintained in the resident record and/or available for review.

Resident #6

Resident #6 was an 87 year old female admitted on 10/10/07 with diagnoses including status post CVA (Cerebrovascular Accident) with right-sided Hemiplegia, Dementia and Hypertension.

The physician signed and dated an "Antipsychotic Diagnosis Form" on 8/24/07 that documented the diagnoses to support the use of antipsychotic medication.

The Resident Care Plan, reviewed on 10/12/08, listed "Psychotropic Drug Use" as a concern.

Physician's orders for November and December, 2008 included an order for "Haloperidol Lactate (Haldol) 1 mg (milligram)/mL (milliliter) give 0.5 mL (1 mg) by mouth every morning at 0700 with breakfast (agitation/anxiety)." The November and December, 2008, physician's orders listed 8/29/08 as the order date for the Haloperidol Lactate.

There was no documented evidence of an informed consent for the use of this psychotropic medication.

Interview

On 12/18/08 in the late afternoon, the Director of Nursing (DON) stated she was not aware of the

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F 329	Continued From page 6 need to obtain informed consent when residents received psychoactive medications.	F 329		
F 444 SS=E	483.65(b)(3) PREVENTING SPREAD OF INFECTION The facility must require staff to wash their hands after each direct resident contact for which handwashing is indicated by accepted professional practice. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the staff used appropriate hand washing techniques after direct resident contact. Findings include: Observation On 12/18/08 at 1:45 PM, a CNA (certified nursing assistant) helped a resident off the toilet in the shared bathroom between rooms #4 and #6. After the resident was assisted to a chair, the C.N.A. ran his hands under the running water from the bathroom sink and wiped his hands on the 1 towel hanging from the towel bar. Rooms #4 and #6 had 2 residents living in each room. There was no other towel hanging in the bathroom. There were no paper towels in the paper towel dispenser and there was no hand sanitizer in the shared bathroom. On 12/18/08 at 2:05 PM, the shared bathroom between rooms #8 and #10 had one towel hanging from the towel bar. Rooms #8 and #10 had 2 residents living in each room. There was no other towel hanging in the bathroom. There were	F 444		1/2/09

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F 444	Continued From page 7 no paper towels in the paper towel dispenser and there was no hand sanitizer in the shared bathroom. On 12/18/08 at 2:37 PM, the shared bathroom in room #5 had one towel hanging from the towel bar. Room #5 had 4 residents living in the room. There was no other towel hanging in the bathroom. There were no paper towels in the paper towel dispenser and there was no hand sanitizer in the bathroom. On 12/18/08 at 2:45 PM, the shared bathroom in room #1 had one towel hanging from the towel bar. Room #1 had 4 residents living in the room. There was no other towel hanging in the bathroom. There were no paper towels in the paper towel dispenser and there was no hand sanitizer in the bathroom. Interview On 12/18/08 at 1:55 PM, the DON (Director of Nursing) acknowledged there was only 1 towel in the bathroom between rooms #4 and #6 and no paper towels in the paper towel dispenser. Later in the afternoon, the DON acknowledged there were no paper towels in the paper towel dispenser and the bathrooms had 1 towel hanging from the towel racks.	F 444		
F 520 SS=C	483.75(o)(1) QUALITY ASSESSMENT AND ASSURANCE A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.	F 520		1/12/09

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F 520	Continued From page 8 The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on interview and policy review, the facility failed to ensure the quality assessment and assurance committee met quarterly with a designated physician in attendance. Findings include: Interview On 12/18/08 at 10:45 AM, the Director of Nursing (DON) reported the physician member of the committee did not attend the monthly meetings of the Quality Assessment and Assurance committee. It was stated, "He is not present for meetings." The DON stated the physician was informed of issues as needed. Policy Review	F 520		

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F 520	Continued From page 9 The "Quality Assessment and Assurance Plan" (undated) listed the following as committee members: "Committee members must include: 1. QAA (Quality Assessment and Assurance)Coordinator, 2. Nursing Director, 3. Med Nurse, 4. Consultant Pharmacist, 5. Social Services, 6. Activities Person, 7. Facility Physician". The "Quality Assessment and Assurance Plan" was signed by the administrator but not dated.	F 520		